



## AUTHORIZATION OF TRANSPORTATION

I hereby authorize **Odenton Sports Center, After School Program** to transport my child to any and all activities. In the event that I elect *NOT* to have my child participate in a particular activity, I will notify the school in writing of my decision. Furthermore, I will make alternative arrangements for my child for the duration of the planned activity.

I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

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1. Student(s) Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Time School Lets Out: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

(Print additional sheets for multiple children)

OSC Employee Initial \_\_\_\_\_